

BIRD V. GARLAND

NEW AGENT TRAINEE SEX DISCRIMINATION CLAIM FORM

The attached claim form is designed to collect all the information needed from you so that your economic damages can be calculated, and so that you have the opportunity to explain your compensatory damages.

Every Settlement Class member is entitled to assistance from Class Counsel in calculating back pay, lost TSP earnings, front pay (if applicable), and pension losses (if applicable). There will be no charge to you for this assistance from Class Counsel, as their request for fees for their work in this case (which will be paid by Defendant separate from the settlement fund for the Class) encompasses preparing your claim packet for submission. You are strongly encouraged to work with Class Counsel, however, if you prefer to have someone else calculate your economic damages, you may do so. You will be responsible for the cost of any such outside assistance, however. And anyone performing the calculations must follow the methodology described in Ex. H to the Settlement Agreement, so that all class members' claims packets will be comparable.

Please contact Class Counsel as soon as possible so we can review with you the information and documents you will need to collect and answer your questions. Once we have your claim form draft and supporting materials, we will prepare the relevant calculations, and will review them with you before your final Claim Packet will be submitted to the Neutral.

1. Name and contact information:

a. Full Name: _____

b. Mailing Address: _____

c. Email Address: _____

d. Telephone Number: _____

2. Did you elect reinstatement?

a. Yes No

b. I understand that pursuing reinstatement does not guarantee I will graduate from the BFTC. I understand that by electing reinstatement, my damages will be calculated through the end of 2024 only, with the understanding that I will return to the BFTC only after completing required hiring forms, passing applicable BFTC prerequisites, and obtaining and maintaining a Top Secret clearance. _____ (please initial if you answered “Yes” to 2a, above)

c. I understand that if I previously submitted an election of reinstatement form indicating my interest in reinstatement, but I checked “No” above, that this will operate to withdraw my request for reinstatement. _____ (please initial if you previously requested reinstatement but checked No above).

3. Dismissal from BFTC/New Agent Training:

a. Date you were dismissed from training: _____

b. Date your class would have graduated if you graduated with your class?

c. What was your GS grade and step while attending basic training? _____

5. Have you ever participated in the Thrift Savings Plan (TSP) for federal employees?

_____ yes _____ no

a. If you answered “no” to question 5, skip to question 6.

b. If yes, during what years did you participate? _____

c. If yes, and if you want to use your actual percentage contribution to TSP instead of the rate assumed for settlement purposes, state your annual percentage contribution and attach a TSP document showing that was your contribution, otherwise we will assume a 5% contribution (which is high enough to receive the maximum government matching contribution).

d. If yes, and you want to use your actual average rate of return from the TSP instead of the rate assumed for settlement purposes, state what fund you were invested in, and your average rate of return during the time you participated in TSP, and attach a TSP document showing that was your average rate of return. If you never participated in TSP, or do not have records of your TSP participation, we will assume you selected or would have selected the Lifecycle plan corresponding to your birth year. Please note the year you were born: _____.

6. Following your dismissal from New Agent Training, did you participate in a 401(k) or have access to any other retirement or pension program? _____ yes _____ no

a. If you answered yes to question 6, please provide documents showing your annual contributions to 401k or similar retirement savings plan, any employer match, and your rate of return. If the alternate plan you had access to was a pension plan, please provide information about how your pension benefits would be calculated from your employment following dismissal from basic training.

7. For any period of unemployment or less-than-full-time employment following your dismissal from BFTC, state the time period, why you were unemployed or employed less than full-time, and what, if anything, you did to seek employment or earn income during that time period:

Time Period	Explanation for unemployment/actions taken to obtain employment or earn income during this period

8. Are there any other economic damages you experienced as a direct result of dismissal from BFTC/New Agent Training?

- a. Out of pocket expense for health insurance: _____
- b. Out of pocket expense for mental health treatment required due to FBI termination: _____
- c. Loss of student loan forgiveness due to lack of public sector employment:

Please submit supporting documentation for such other economic damages. **Not included:** moving expenses, housing costs, travel costs. _____

d. Please attach supporting documentation for such other economic damages.

9. Please submit a statement of no more than three (3) pages describing any information you would like the Neutral to consider in support of your claim for compensatory damages. If you sought mental health treatment associated in whole or in part with your dismissal from New Agent training, and wish to rely on your medical treatment to support your compensatory damages claim, please submit a summary from your health care provider of the diagnosis, treatment, and link to dismissal from the FBI.

10. Attach calculations for your back pay, front pay, TSP losses, Pension Losses, and other economic losses, and fill in the amount for each below:

- a. Back pay \$ _____
- b. Front pay \$ _____
- c. TSP Loss \$ _____
- d. Pension Loss \$ _____
- e. Other economic losses \$ _____

Name (print): _____

Name (sign): _____

Date: _____